

Indiana State Board of Law Examiners
115 West Washington, Suite 1070 South
Indianapolis, IN 46204
(317) 232-2552

Application for Professional Corporation,
Limited Liability Company, or Limited Liability Partnership

Application for a Certificate of Registration for a Professional Corporation, Limited Liability Company, or Limited Liability Partnership is hereby made. In support of this application the Corporation, Company, or Partnership submits the following information:

Name of Corporation, Company or Partnership (Must Comply with Rule 27)

Address and Zip Code

Telephone Number

Registered Agent

_____ Name	_____ Address	_____ City/State	_____ Zip
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Telephone Number

The Corporation, Company, or Partnership hereby certifies that it has complied with all of the provisions of the statute under which it was formed and with the outlined elements of Admission and Discipline Rule 27.

The Corporation, Company, or Partnership agrees to comply with the Laws of the State of Indiana and the Rules and Orders of the Supreme Court of Indiana.

Signature of President/Partner

State of Indiana)
) SS:
County of _____)

Before me, a Notary Public in and for said County and State, personally appeared _____,
well known to me to be President/Partner of _____, and who swore and/or
confirmed that the information contained in the above and foregoing Application is true and correct.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Notarial Seal this _____ day of
_____ 20_____.

Notary Public

My Commission Expires: _____